

Fiscal Year 2013 Budget



**Austin Travis County
Integral Care**

Behavioral Health & Developmental Disabilities Services



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Austin Travis County Integral Care Board of Trustees



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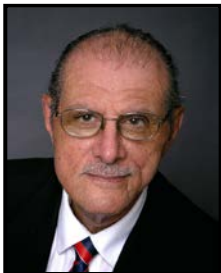
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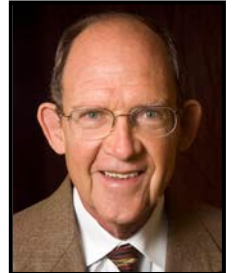
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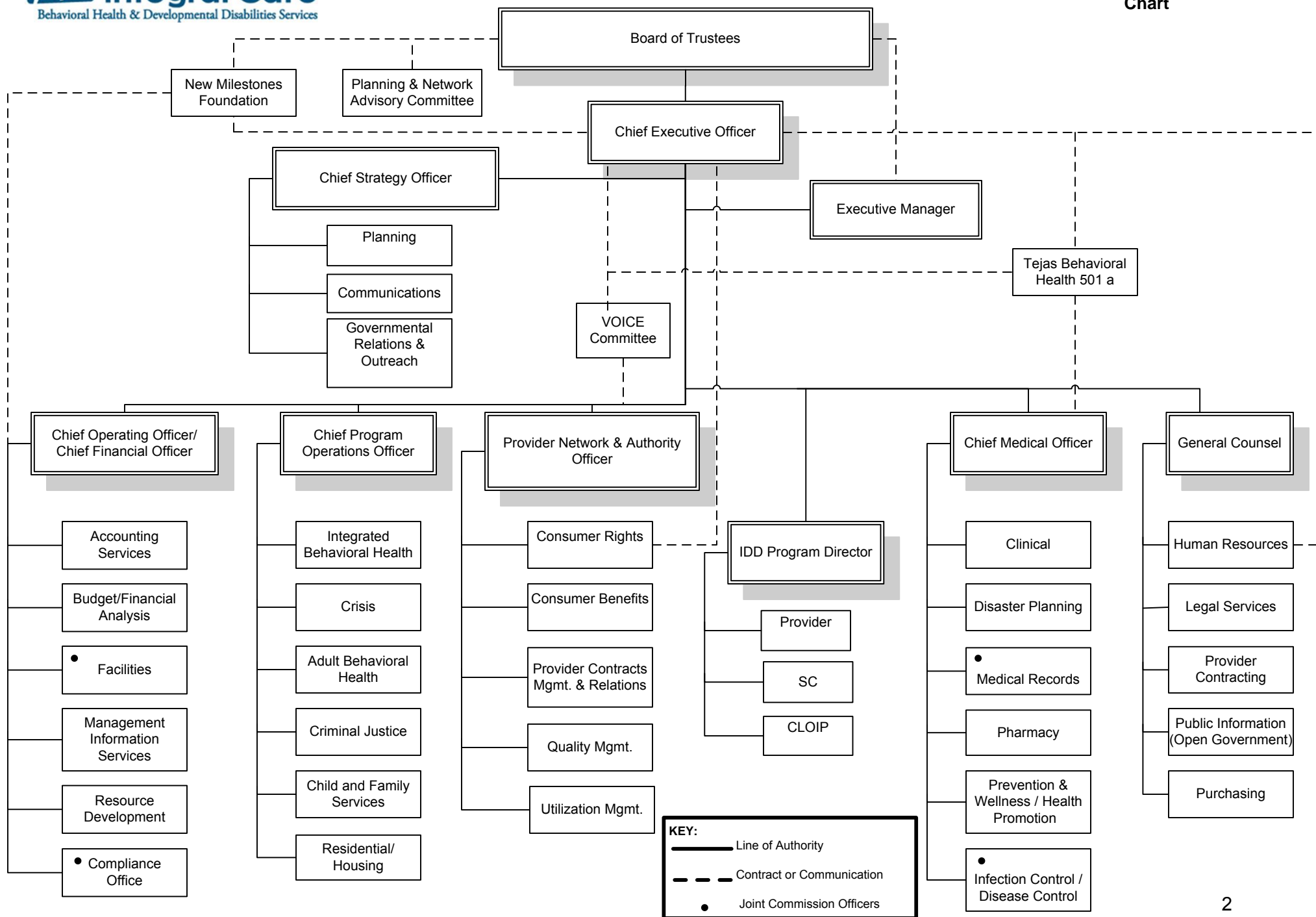
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STRATEGIC PLAN FY 2011-2013

VISION

ATCIC envisions a caring and healthy community that supports individuals and families in achieving self-reliance and self-determination.

MISSION

ATCIC's mission is to improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

VALUES

❖ People ❖ Integrity ❖ Excellence ❖ Leadership

GOALS

Goal 1: ACCESS

People in the community have timely access to Behavioral Health and IDD services.

Goal 2: HIGH-QUALITY SERVICES

All consumers receive high-quality, effective services.

Goal 3: LEADERSHIP

ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.

Goal 4: PUBLIC AWARENESS

ATCIC promotes community understanding and supports Behavioral Health and IDD issues.



AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2013 BUDGET PLAN Behavioral Health Services

BUDGET ASSUMPTIONS

- 1115 Transformation Waiver will provide opportunities to expand the provision of a range of behavioral health services, including crisis services, child & family services and behavioral health services to adults.
- Increase opportunities for consumers to be trained and employed as Peer Providers throughout the practice.
- Continue collaboration with criminal justice system including juvenile justice, jail diversion initiatives and other behavioral health initiatives to address the needs of youth and individuals with criminal justice system involvement.
- Continue collaborations with regional organization to provide behavioral health services to Veteran's and their families.
- Continue training and collaboration efforts with The Via Hope Recovery Institute and DSHS to disseminate recovery oriented practice philosophy throughout the practice to consumers of services, their families and identified support systems.
- Continue to enhance and streamline the Person-Centered Assessments and Plans of Care to promote increased consumer, family and identified support system participation and an active voice in their care plans and treatment.
- Continue to utilize all available resources to address needs of potential consumer and families placed on Wait List for services with a range of interventions including care coordination to link them with primary care services in the community.
- Continue collaboration with CommUnityCare (FQHC) to provide integrated behavioral health and primary healthcare services to consumers in Travis County.
- Invest in personnel, resources, and technology in preparation for health care reform and the patient centered medical home.



Behavioral Health Services	
Goal 1: ACCESS	People in the community have timely access to Behavioral Health and IDD Services.
	Provide a continuum of crisis, outpatient, community support, housing and peer provided services to assist children, families and adults with resiliency and recovery.
	Establish standardized Person-Centered screening/assessment tools for all consumers, their families and support systems receiving specialty behavioral health services.
	Provide directly and/or coordinate services for consumers and families needing assistance in establishing a primary care medical home.
	Ensure the implementation of innovative strategies and best practices to improve access to and delivery of effective and efficient, person-centered services.
Goal 2: HIGH-QUALITY SERVICES	All consumers receive high-quality, effective services.
	Continue “Learning Communities” to develop a recovery-oriented system of care that embraces and implements resiliency and recovery practices. These practices will include the integration of behavioral health and primary care services for all consumers and their families. Development of high-quality services includes culturally syntonc services to all consumers seeking and receiving specialty care at ATCIC.
	Continue to train on person-centered assessment and plan of care tools that incorporate wellness planning at all phases of care provision.
	Continue to implement evidence based best practices and quality service delivery models to address needs of consumers and families requesting specialty behavioral healthcare and integrated primary care services.
	Continue collaborations with internal and external stakeholder groups to improve key processes and electronic information exchange to promote effective decision making to meet the Center’s consumer needs. Key processes will incorporate the integration of electronic health records and electronic health information sharing that ensures best practices for coordination and continuity of care.
	Continue to actively participate in community housing collaboratives and initiatives to increase the number of permanent supportive housing options for the population served by ATCIC.
	Continue to provide behavioral health services for children, youth and adults with co-occurring behavioral health/substance use diagnoses.
Goal 3: LEADERSHIP	ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
	Continue to participate in ICC, BHPP, CAN, Psychiatric Stakeholders, Children’s



Partnership, NAMI, DBSA, Mental Health Texas and other state and national initiatives to enhance the delivery of resiliency and recovery-oriented care.
Fully participate in structuring “medical homes” / “person centered healthcare home” within specialty care for consumers receiving specialty behavioral healthcare services.
Continue to provide relevant continuing education, ethics and leadership training, and training in evidenced based practices. Support supervisory training throughout the practice.
Continue to participate in the criminal justice planning bodies, homeless planning groups, and other community groups as relevant to the mission.
Workforce Diversity – Participate in the agency’s Affirmative Action Program to ensure that employees represent the diverse ideas, cultures and thinking of the Divisions’ hiring community.
Continue strong collaboration with local school districts and other youth serving agencies in order serve children and families with best practices that are resiliency and recovery focused.
Continue effective operation of Crisis Redesign plan including MCOT, Crisis Hotline, Crisis Chat, Crisis Respite, Crisis Residential and In-Patient Resources.
Goal 4: PUBLIC AWARENESS
ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
Clarify ATCIC role as specialty care provider within community continuum of care for children/families and adults.
Participate in community planning and engagement to offer educational opportunities for peers, volunteers and professionals to develop expertise in providing specialty behavioral healthcare services.
Provide leadership in the community to promote the need for services that integrate primary health care, wellness promotion, substance abuse treatment services with the delivery of specialty behavioral healthcare services.
Continue to expand education and professional learning opportunities for agency staff and community partners regarding crisis services and clinical interventions.
Continue to provide leadership for outreach, consultation and community education opportunities on Lethality Training.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FY 2013 BUDGET PLAN
Intellectual and Developmental Disabilities Services**

BUDGET ASSUMPTIONS

- Enroll and provide service coordination to approximately 140 additional recipients of the Texas Home Living Waiver (TxHmL) program as part of the refinancing plan to address the funding gaps identified by HHSC.
- Emphasize essential, best value services; core supports (e.g. intake and eligibility services, service coordination, family support, respite, behavioral support for children and adults with autism).
- Continue with collaborative efforts to pursue grant/contract opportunities that enhance collaboration and address the Center's strategic plan.
- Participate in the development of a coordinated system of access for aging and disability services through the community round tables with future plans to collaboratively establish an Aging and Disability Resource Center (ADRC) in and around the Travis County area.
- Adjust internal provider operations to meet the needs of approximately 90 additional individuals recently enrolled into the TxHmL program.
- Continue the Autism Program Pilot for FY 2013, providing wrap around services and supports to children and adults with autism, with continued efforts to obtain grant and specialized funding to expand the program in the near future.
- Collaborate and lead efforts with community partners to enhance services to those with co-occurring psychiatric and intellectual and developmental disability needs.
- Convert to a "paperless" operation in regards to the electronic medical record which will allow the division to consume less paper and strive to become more environmentally friendly; improving overall efficiency.
- Collaborate with the Department of Aging and Disability Services in the enhanced efforts transition of residents at the Austin State Supported Living Center into community living.

Intellectual and Developmental Disabilities Services	
Goal 1: ACCESS	
People in the community have timely access to Behavioral Health and IDD services.	
Conduct cross-training with community partners and inter-agency program areas to enhance continuity of care for persons eligible for multiple programs/supports.	



Implement a “same day” intake service to improve access to needed services.
Establish a collection of standardized materials, specifically tailored to various groups, to be used in educating others about the array of services within the IDD division. Information will detail the specifics on how to access needed services.
Goal 2: HIGH-QUALITY SERVICES All consumers receive high-quality, effective services.
Enhance staff competency through best practice training in the area of dual diagnoses by certifying all IDD staff in Mental Health First Aid.
Detail service delivery procedures, revising processes where necessary, in conjunction with plans to achieve agency wide accreditation.
Seek opportunities for collaborative efforts in applying for funding to expand and develop programs to meet the needs within our community.
Seek and develop resources to support recruiting, training, and retaining the most competent staff to meet the diverse needs of the consumers we serve.
Goal 3: LEADERSHIP ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Develop a specialized team to guide division leaders on current state of fiscal operations, empowering them to make informed decisions and best recommendations for their respective areas.
Lead collaborative efforts with community partners and other stakeholders to develop a proposal for funding of an Aging and Disability Resource Center (ADRC) in the future.
Lead collaborate efforts in improved systems of service which meet the needs of local residents with co-occurring behavioral health and IDD needs.
Goal 4: PUBLIC AWARENESS ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
In collaboration with other community based organizations, the division will continue to sponsor symposiums, for families and professionals, concerning specific consumer care and future planning issues.
Enhance community presence through participation in local events sponsored by community partners in advocacy and community education that seek to eradicate stigma.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FY 2013 BUDGET PLAN
Pharmacy**

BUDGET ASSUMPTIONS

- Maintain expenses within budget.
- Maximize use of Patient Assistance Programs.
- Maximize use of mail order medications.

Pharmacy	
Goal 1: ACCESS	
People in the community have timely access to Behavioral Health and IDD services.	
N/A	
Goal 2: HIGH-QUALITY SERVICES	
All consumers receive high-quality, effective services.	
Prompt filling of medications minimizing delays in treatment.	
Goal 3: LEADERSHIP	
ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.	
N/A	
Goal 4: PUBLIC AWARENESS	
ATCIC promotes community understanding and supports Behavioral Health and IDD issues.	
N/A	



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FY 2013 BUDGET PLAN
Community Planning & Initiatives**

BUDGET ASSUMPTIONS

- Improve knowledge and perceptions of behavioral health and IDD issues.
- Improve awareness of ATCIC services and its role in the community.
- Increase community engagement and support for behavioral health and IDD issues.
- Reduce barriers for underserved populations.
- Assume a leadership role in advancing community collaborations to address emerging and chronic conditions impacting ATCIC's consumers.
- Work with community leaders to identify gaps and community indicators to measure progress towards common goals.

Community Planning & Initiatives
Goal 1: ACCESS People in the community have timely access to Behavioral Health and IDD services.
Redesign website utilizing new technology for target populations and mobile users to communicate service access points and resources.
Increase engagement through the appropriate use of technology and communications for individuals with IDD, auditory and visual impairments.
Launch online interactive tools on behavioral health and IDD including signs, symptoms and definitions.
Develop joint awareness campaign with CommUnityCare as part of integrated care approach.
Goal 2: HIGH-QUALITY SERVICES All consumers receive high-quality, effective services.
Develop culturally relevant materials and information for the elderly, LGBT, Hispanic and Asian communities.
Launch mobile application for facility location and service information.
Launch employee tools for resource sharing, policy and procedure management and distribution of timely data.



Goal 3: LEADERSHIP

ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.

Develop online tools for ongoing advocacy and education on legislative and policy issues.

Convene and engage with stakeholders to identify public policy challenges and create solutions.

Expand community relations and outreach through target needs/gaps assessment.

Consolidate local and regional planning efforts and resources through Indicator Improvement Initiative and 1115 Medicaid Waiver expansion efforts.

Goal 4: PUBLIC AWARENESS

ATCIC promotes community understanding and supports Behavioral Health and IDD issues.

Communicate outcomes and feedback to stakeholders.

Launch internal communications “Ambassador” campaign to promote community engagement.

Increase community education and outreach through partnership with NAMI Austin and other peer support organizations.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FY 2013 BUDGET PLAN
Program Support**

BUDGET ASSUMPTIONS

- Streamline front door functions to promote open access to services and decrease appointment wait time..
- Increase customer service responsiveness through use of LPC Intern in Ombudsman's office.
- Increase Mental Health First Aid training opportunities for the community.
- Maintain tobacco free workplace initiative.

Program Support
Goal 1: ACCESS People in the community have timely access to Behavioral Health and IDD services.
Improve efficiency of front door processes by collecting financial and programmatic eligibility information prior to appointment.
Goal 2: HIGH-QUALITY SERVICES All consumers receive high-quality, effective services.
Provide supervision to LPC intern to foster consumer self-advocacy.
Increase the use of Medicaider to screen for benefit eligibility.
Evaluate development of a call cue for SPOE/CBO.
Goal 3: LEADERSHIP ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Continue to join with City of Austin leadership in tobacco free initiatives.
Expand training opportunities in Mental Health First Aid.
Expand prevention and wellness activities.
Goal 4: PUBLIC AWARENESS ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
N/A



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FY 2013 BUDGET PLAN
Authority/Administration Support Services**

BUDGET ASSUMPTIONS

- Collaborate with FQHC and Anasazi to develop solutions to patient consent challenges so ATCIC can actively participate in Medical Home Model.
- Continue to maintain Center facilities at highest level possible as defined by Joint Commission Environment of Care and Health Safety Standards.
- Collaborate with Texas Council of Community Center's move to prepare for operational and financial impacts of Patient Protection and Affordable Care Act.
- Refine and recommit ATCIC to a robust corporate compliance function.
- Develop and continue nurturing long term funding relationships with foundations.
- Demonstrate high stakeholder satisfaction with ATCIC services.
- Expand Friends of New Milestones concept.
- Expand consumer-focused public policy support.
- Increase consumer choice through the new planning cycle and implementation of the Local Service Area Plan.
- Improve efficiencies for managed services operations through technological investments.

Authority/Administration Support Services	
Goal 1: ACCESS	People in the community have timely access to Behavioral Health and IDD services.
N/A	
Goal 2: HIGH-QUALITY SERVICES	All consumers receive high-quality, effective services.
Collaboration with Quality Management, Medical Records, and Corporate	



Compliance Committee implementing new monitoring and audit instrument across all program functions.
Expand field of qualified, culturally competent providers.
Ensure environments are safe and welcoming.
Make available provider profiling and provider directory information on the ATCIC website.
Plan for the availability of an automated survey at the end of a call. Develop the capacity to accept and export electronic claims and pay providers through electronic fund transfers.
Goal 3: LEADERSHIP ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Continue working with THSA to advise Texas Attorney General on adoption of a universal consent instrument which satisfies sensitive patient information regulations.
Engage with ICC, as our Local HIE, to seek solutions to secure exchange of PHI.
Assist with Financial Readiness as all Community Centers and ATCIC ready for 2014 and the potential loss of Block Grant Funding and a shift to Fee-for-Service reimbursement in an expanded Managed Care environment.
Communicate outcomes and feedback to stakeholders.
Ensure that ATCIC is considered a desired employer.
Serve as a data resource for policy decision making.
Continue to educate and create opportunities for dialogue with local, state and federal policy makers on mental health and IDD issues.
Identify and share research-based best practices.
Assess community gaps and needs and identify areas of provider network expansion.
Goal 4: PUBLIC AWARENESS ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
Utilize technology for effective communication.
Create and develop supportive media relationships.
Increase communication and transparency of ATCIC activities, finances and outcomes.



Board of Trustees Budget Guidance Principles for Preparation of FY 2013 Budget

1. Ensure stakeholder participation (consumers, families, employees, advisory committees, and providers) in the budget process.
2. Budget operationalizes Strategic Plan.
3. Budget for consumer-driven services reflecting quality, access, best practices, and best value (including family, significant others, and Certified Peer Specialist).
4. Commitment to maintenance of high quality, effective core services and critical infrastructure from which we can grow into our desired future.
5. Maintain organizational alignment with funding and finance requirements.
6. Maximize resource development and community collaborations to meet current and emerging community needs.
7. Budget compensation package aligning salaries at the State Auditor's Classification Schedule for all employees, considering the overall impact on consumers.
8. Fund Balance expenditures are intended for bridge or one-time costs.
9. All the above principles may be affected by Legislative and other financial impacts.
10. Flexibility and agility in budgeting process will be necessary in our current environment.



1. Ensure stakeholder participation (consumers, families, employees, advisory committees, and providers) in the budget process.

- Planning & Network Advisory Committee (PNAC) (March 8, 2012)
- Community Forum (March 20, 2012)
- Employee Forums (April 2, 2012; April 3, 2012; April 5, 2012; and April 11, 2012)

2. Budget operationalizes Strategic Plan.

- Each Network has a budget plan cross walked to Strategic Plan (See Network Divisions Section)

3. Budget for consumer-driven services reflecting quality, access, best practices, and best value (including family, significant others, and Certified Peer Specialist).

- All contractual targets are met with this budget.
- Network expansion is anticipated in FY2013 as staff continue implementation of Local Planning and Network Development Rule.

4. Commitment to maintenance of high quality, effective core services and critical infrastructure from which we can grow into our desired future.

- Center secured Joint Commission Accreditation in FY 2012.
- Strategies to enhance community awareness are on-going.

5. Maintain organizational alignment with funding and finance requirements.

- Virtual firewalls are established to ensure grantors that their monies are directed toward intended purposes.
- Staff have budgeted operations to satisfy contract requirements and outcomes.
- Staff continue revamping Center operations to continue operations in a fee-for-service environment.



6. Maximize resource development and community collaborations to meet current and emerging community needs.

- New Medicaid Transformation 1115 Waiver should have significant impact in 2013 (not included in 2013 original budget).
- Staff will continue to identify and apply for grant opportunities which will close programmatic gaps in Center's continuum of care.
- New Milestones Foundation has embarked on Bridging the Gap Initiative in Children's Mental Health Services.

7. Budget compensation package aligning salaries at the State Auditor's Classification Schedule for all employees, considering the overall impact on consumers.

- This budget funds a competitive compensation package.
- Funds competitive employee health insurance benefit package.

8. Fund Balance expenditures are intended for bridge or one-time costs.

- FY 2013 P&A includes a written assessment of Center's current technology status.
- FY 2013 P&A provides an overview of the Center's facilities.
- Budget presentation envisions Board authorization to bridge unallowables for 2013 of \$101,482 and expenditures from Midelburg gift of \$29,752.

9. All the above principles may be affected by Legislative and other financial impacts.

- Staff will continue to monitor State and Federal regulations evolving from implementation of PPACA.
- Upcoming Legislative Session (2013) will determine Texas' stance on Medicaid expansion.



10. Flexibility and agility in budgeting process will be necessary in our current environment.

- Modifying implementation profile to meet Transformation 1115 Waiver will be operational challenge.
- As Generally Accepted Accounting Principles (GAAP) required the Midelburg Family Gift to become a restricted Fund Balance, all expenditures associated with this gift will come from restricted Fund Balance.



AUSTIN TRAVIS COUNTY INTEGRAL CARE FISCAL YEAR 2013 PROPOSED BUDGET

BUDGET:

Fiscal Year 2013 Proposed Budget	\$ 56,817,644
Fiscal Year 2012 Current Budget	\$ 57,908,417
Proposed Budget Change	\$ (1,090,773)
Proposed Budget Change Percent	-1.88%

FULL TIME EQUIVALENT (FTE) POSITIONS:

Fiscal Year 2013 Proposed FTE Budget	563.45
Fiscal Year 2012 Current FTE Budget	581.95
Proposed FTE Budget Change	-18.50
Proposed FTE Budget Change Percent	-3.18%



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FISCAL YEAR 2013 PROPOSED BUDGET
CENTER TOTAL**

	FY 2013 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2012 CURRENT	PERCENT BUDGET CHANGE	FY 2012 ORIGINAL BUDGET	FY 2012 CURRENT BUDGET	FY 2012 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ 2,619,439	4.61%	\$ (671,512)	-20.40%	\$ 3,290,951	\$ 3,290,951	\$ -
Travis County	\$ 4,588,337	8.08%	\$ (88,794)	-1.90%	\$ 4,494,930	\$ 4,677,131	\$ 182,201
Travis County Healthcare District	\$ 9,248,209	16.28%	\$ (166,038)	-1.76%	\$ 9,414,247	\$ 9,414,247	\$ -
FFS Client and Private Insurance	\$ 148,704	0.26%	\$ (34,050)	-18.63%	\$ 182,754	\$ 182,754	\$ -
Rental Income	\$ 640,237	1.13%	\$ 31,317	5.14%	\$ 608,920	\$ 608,920	\$ -
Other Local	\$ 703,629	1.24%	\$ (461,947)	-39.63%	\$ 1,163,024	\$ 1,165,576	\$ 2,552
Total Local Funds	\$ 17,948,555	31.59%	\$ (1,391,024)	-7.19%	\$ 19,154,826	\$ 19,339,579	\$ 184,753
State Funds:							
DSHS Mental Health	\$ 18,054,263	31.78%	\$ 58,569	0.33%	\$ 18,228,578	\$ 17,995,694	\$ (232,884)
DSHS Substance Abuse	\$ 2,728,093	4.80%	\$ (11,649)	-0.43%	\$ 2,739,742	\$ 2,739,742	\$ -
DADS	\$ 3,014,785	5.31%	\$ (3,612)	-0.12%	\$ 3,018,397	\$ 3,018,397	\$ -
TCOOMMI	\$ 1,214,340	2.14%	\$ (71,204)	-5.54%	\$ 1,313,434	\$ 1,285,544	\$ (27,890)
DARS (Early Childhood Intervention)	\$ 904,914	1.59%	\$ (105,878)	-10.47%	\$ 1,010,792	\$ 1,010,792	\$ -
Other State	\$ 15,625	0.03%	\$ (56,668)	-78.39%	\$ 71,518	\$ 72,293	\$ 775
Total State Funds	\$ 25,932,020	45.64%	\$ (190,442)	-0.73%	\$ 26,382,461	\$ 26,122,462	\$ (259,999)
Federal Funds:							
Medicare/Medicaid/HMO/Rehab/CM	\$ 8,106,916	14.27%	\$ 594,327	7.91%	\$ 7,238,731	\$ 7,512,589	\$ 273,858
HCS / Tx Hm Lvg Waiver	\$ 2,179,822	3.84%	\$ 739,552	51.35%	\$ 1,411,997	\$ 1,440,270	\$ 28,273
Other Federal	\$ 2,650,331	4.66%	\$ (843,186)	-24.14%	\$ 3,493,517	\$ 3,493,517	\$ -
Total Federal Funds	\$ 12,937,069	22.77%	\$ 490,693	3.94%	\$ 12,144,245	\$ 12,446,376	\$ 302,131
TOTAL REVENUES	\$ 56,817,644	100.00%	\$ (1,090,773)	-1.88%	\$ 57,681,532	\$ 57,908,417	\$ 226,885
EXPENDITURES							
Salaries	\$ 25,714,825	45.26%	\$ (126,612)	-0.49%	\$ 25,619,067	\$ 25,841,437	\$ 222,370
Fringe Benefits	\$ 6,547,578	11.52%	\$ 19,066	0.29%	\$ 6,508,144	\$ 6,528,512	\$ 20,368
Travel \ Workshop	\$ 626,106	1.10%	\$ (126,870)	-16.85%	\$ 778,366	\$ 752,976	\$ (25,390)
Prescription Drugs and Medication	\$ 1,774,097	3.12%	\$ 169,679	10.58%	\$ 1,589,418	\$ 1,604,418	\$ 15,000
Consumable Supplies	\$ 298,949	0.53%	\$ (79,663)	-21.04%	\$ 378,164	\$ 378,612	\$ 448
Contracted Services	\$ 16,399,986	28.86%	\$ (442,578)	-2.63%	\$ 16,136,691	\$ 16,842,564	\$ 705,873
Capital Outlay	\$ 242,615	0.43%	\$ (2,256)	-0.92%	\$ 243,818	\$ 244,871	\$ 1,053
Furniture & Equipment	\$ 451,675	0.79%	\$ (57,246)	-11.25%	\$ 507,117	\$ 508,921	\$ 1,804
Facility \ Telephone \ Utility	\$ 2,687,826	4.73%	\$ (157,829)	-5.55%	\$ 2,835,801	\$ 2,845,655	\$ 9,854
Insurance Costs	\$ 135,879	0.24%	\$ (8,969)	-6.19%	\$ 144,420	\$ 144,848	\$ 428
Vehicle Costs	\$ 100,614	0.18%	\$ (3,348)	-3.22%	\$ 103,962	\$ 103,962	\$ -
Professional Fees	\$ 102,340	0.18%	\$ (33,951)	-24.91%	\$ 118,791	\$ 136,291	\$ 17,500
Other Operating Costs	\$ 746,955	1.31%	\$ 5,780	0.78%	\$ 740,763	\$ 741,175	\$ 412
Client Support Costs	\$ 496,659	0.87%	\$ (233)	-0.05%	\$ 494,059	\$ 496,892	\$ 2,833
Reserve	\$ 491,540	0.87%	\$ (245,743)	-33.33%	\$ 1,482,951	\$ 737,283	\$ (745,668)
TOTAL EXPENDITURES	\$ 56,817,644	100.00%	\$ (1,090,773)	-1.88%	\$ 57,681,532	\$ 57,908,417	\$ 226,885
TOTAL FTE'S	563.45		(18.50)	-3.18%	585.93	581.95	(3.98)



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FISCAL YEAR 2013 PROPOSED BUDGET
MAJOR REVENUE BUDGET CHANGES**

Local Funds:

City of Austin - SAMSO (remains on City exceptional item list)	\$	(648,989)
Travis County - Office of Juvenile Justice Delinquency Prevention Grant (OJJDP) - The 2012 budget is the total grant not ATCIC portion, 2012 Budget needs to be reduced.	\$	(114,263)
Travis County Health Care District - CommUnity Care Contract	\$	(166,038)
Other Local - AISD contract ended	\$	(331,519)
Other Local - Tejas ASO Fees	\$	(150,390)
Other Local - Fund Balance Reserve (fund Unallowable Unit, designation of fund	\$	101,482
Local - All Other Line Item Revenue Budget Changes	\$	(81,307)
Total Local Budget Change	\$	(1,391,024)

State Funds:

DARS - ECI Contract Reduction	\$	(105,878)
State - All Other Line Item Revenue Budget Changes	\$	(84,564)
Total State Budget Change	\$	(190,442)

Federal Funds:

Medicare/Medicaid/HMO/Rehab/CM:		
Medicare	\$	106,288
Medicaid	\$	(103,432)
HMO	\$	190,500
Rehab	\$	161,067
Case Management - IDD \$220,678; HCS CM \$96,349; MH (\$54,538); ECI (\$22,585)	\$	239,904
Sub-Total Medicare/Medicaid/HMO/Rehab/CM:	\$	594,327
Texas Home Living Waiver	\$	830,777
Home & Community Services (HCS)	\$	(91,225)
Sub-Total TxHmL & HCS	\$	739,552
Other Federal - ARRA Tobacco Cessation, contract ended	\$	(528,064)
Other Federal - Medicaid Administrative Claiming (MAC)	\$	(200,001)
Other Federal - HUD HMIS / ANCHOR (transferred to ECHO)	\$	(118,534)
Other Federal - All Other Line Item Revenue Budget Changes	\$	3,413
Sub-Total Other Federal	\$	(843,186)
Total Federal Budget Change	\$	490,693
Total Revenue Budget Change	\$	(1,090,773)



AUSTIN TRAVIS COUNTY INTEGRAL CARE FISCAL YEAR 2013 PROPOSED BUDGET MAJOR REVENUE TYPE BUDGET CHANGES

Allocated (Alloc):

There are no revenue budget changes in this category	\$0
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Cost Reimbursement (CR):

City of Austin - SAMSO (remains on City exceptional item list)	\$ (648,989)
Other Federal - ARRA Tobacco Cessation (pass-through City of Austin), contract ended	\$ (528,064)
Other Local - AISD contract ended	\$ (331,519)
Travis County Health Care District - CommUnity Care Contract	\$ (166,038)
Travis County - Office of Juvenile Justice Delinquency Prevention Grant (OJJDP)	\$ (114,263)
DARS - ECI Contract Reduction	\$ (105,878)
HUD HMIS / ANCHOR (transferred to ECHO)	\$ (118,534)
Cost Reimbursement - All Other Line Item Revenue Budget Changes	\$ (127,886)

Total Cost Reimbursement Budget Change	\$ (2,141,171)
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Fee For Service (FFS)

Medicare/Medicaid/HMO/Rehab/CM:	
Medicare	\$ 106,288
Medicaid	\$ (110,709)
HMO	\$ 197,777
Rehab	\$ 161,067
Case Management - IDD \$220,678; HCS CM \$96,349; MH (\$54,538); ECI (\$22,585)	\$ 239,904
Texas Home Living Waiver	\$ 830,777
Home & Community Services (HCS)	\$ (91,225)
FFS - All Other Line Item Revenue Budget Changes	\$ (69,890)

Total Fee For Service Budget Change	\$ 1,263,989
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Fee For Service/Contract Max Amount (FFS/CM)

(no line item change > \$26,500)	\$ (26,143)
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Total Fee For Service/Contract Max Budget Change	\$ (26,143)
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Rental:

Includes Client Rents for Co-ops, DD HCS Residential, & Multifamily Projects	\$ 31,317
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Total Rental Budget Change	\$ 31,317
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Other:

Medicaid Administrative Claiming (MAC)	\$ (200,001)
Tejas ASO Fees	\$ (150,390)
Fund Balance Reserve (Unallowable Costs)	\$ 101,482
Other - All Other Line Item Revenue Budget Changes	\$ 30,144

Total Other Budget Change	\$ (218,765)
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Total Revenue Type Budget Change	\$ (1,090,773)
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Tactical Efforts to Close Budget Gaps for Lost 2012 Revenue
8/30/12

Contract	Amount	Funding	Consumer Impact	Strategy
1. SAMSO	\$648,989	City of Austin	(191)	Currently in City exceptions list for Council review.
2. SafeSchools/Healthy Student Grant Expiration	\$331,519	AISD	(50-60)	Program expects to serve same client base in Medical Fee for Service.
3. Tobacco Cessation Grant	\$528,064	City of Austin (ARRA Pass Through)	(96)	ATCIC included a DSRIP Project in 1115 Waiver to restore this service.

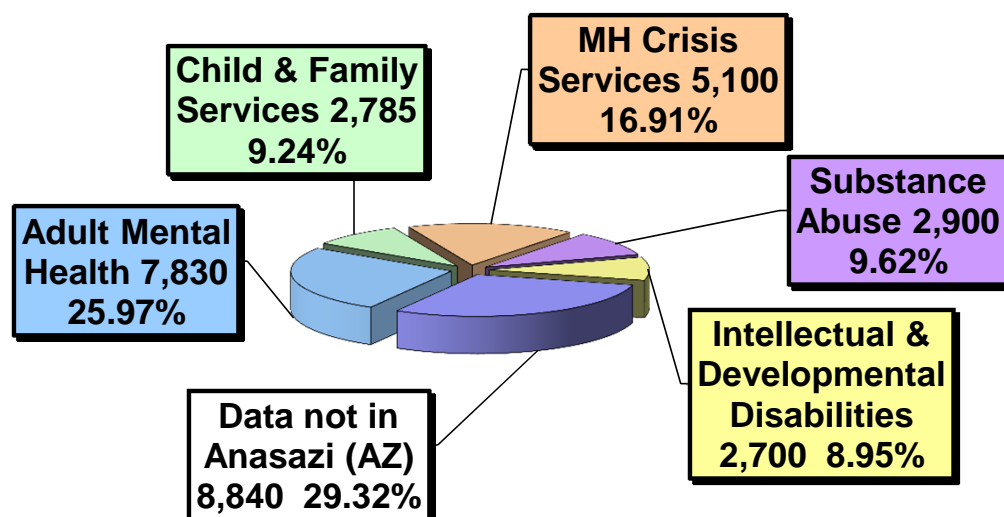


AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2013 PROJECTED CONSUMERS

Division	FY2013 Projection		FY2013 Change from FY2012 Revised Projection		FY2012 Projection		
	Consumers	% of Total	Incr / (Decr)	Incr / -Decr	Original	Revised	Change (2)
Adult Mental Health	7,830	25.97%	102	1.32%	9,000	7,728	(1,272)
Child & Family Services	2,785	9.24%	142	5.37%	3,271	2,643	(628)
MH Crisis Services (4)	5,100	16.91%	147	2.97%	6,550	4,953	(1,597)
Substance Abuse	2,900	9.62%	29	1.01%	3,000	2,871	(129)
Intellectual & Developmental Disabilities	2,700	8.95%	100	3.85%	2,000	2,600	600
Data not in Anasazi (AZ) (3)	8,840	29.32%	900	11.34%	5,000	7,940	2,940
Total (1)	30,155	100%	1,420	4.93%	28,821	28,735	(86)

- Notes:** (1) The total FY2013 projection of 30,155 is a total of each division's unduplicated consumers. This total projection includes some duplication of consumers among divisions. The estimated total unduplicated clients to be served is 17,500 for fiscal year 2013 (excluding programs not in AZ).
- (2) The reports run as the basis for the original FY2012 projection were not filtered to include only face to face contact types, or to exclude appointments that were cancelled or not kept. Division managers reviewed and agreed to consistent reporting criteria for the revised FY12 projection, which decreased the number of clients in most divisions.
- (3) Data not in AZ: Community Voice Mail, Veteran's Services, E-Merge, Health Integration Project (HIP), Substance Abuse Managed Services Organization (County only), Self Help and Advocacy Center (SHAC)
- (4) In addition to the projected number of clients to receive services, the Crisis Hotline handles approximately 9,000 crisis calls a year

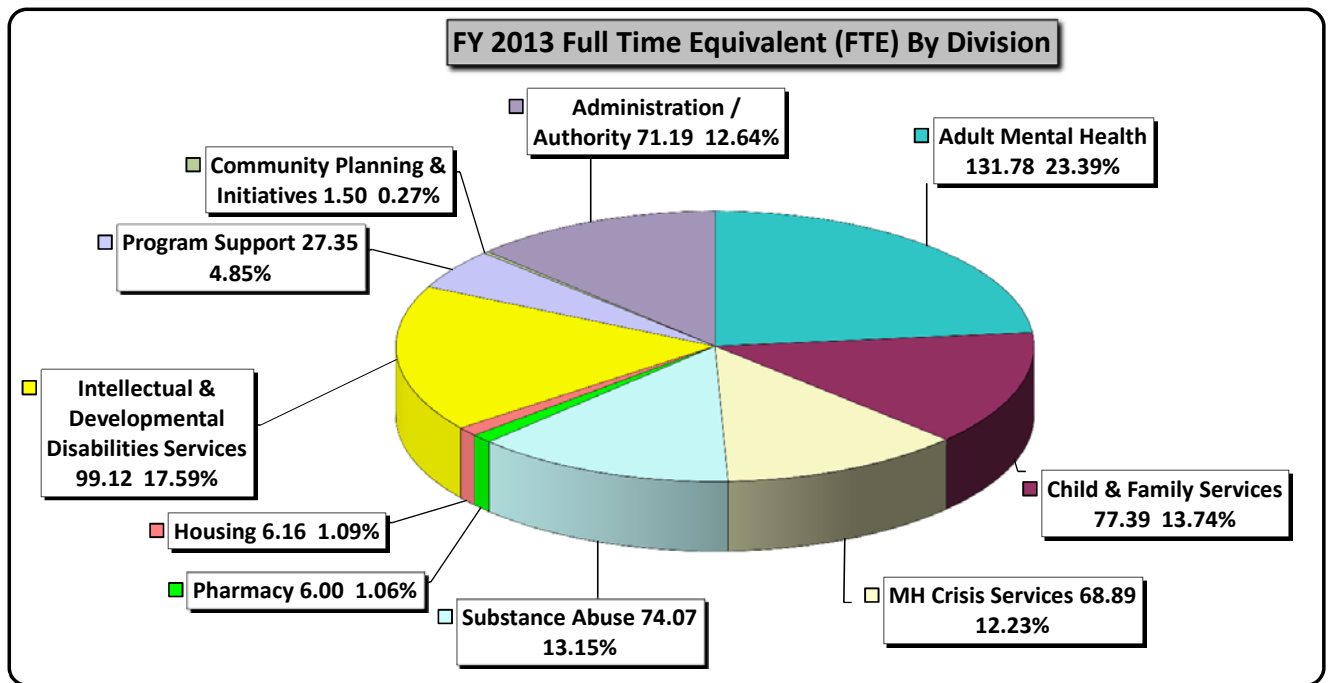
FY2013 Projected Consumers to be Served





AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2013 PROPOSED FULL TIME EQUIVALENT (FTE) POSITION BUDGET

Division	FY2013 Proposed Budget		Change 2012 Current		FY2012 Budget		
	FTE	%	Incr / (Decr)	Incr / -Decr	Original	Current	Change
Adult Mental Health	131.78	23.39%	(4.45)	-3.27%	137.40	136.23	(1.17)
Child & Family Services	77.39	13.74%	(8.09)	-9.46%	85.30	85.48	0.18
MH Crisis Services	68.89	12.23%	(5.07)	-6.86%	73.46	73.96	0.50
Substance Abuse	74.07	13.15%	(0.85)	-1.13%	75.77	74.92	(0.86)
Pharmacy	6.00	1.06%	0.00	0.00%	6.00	6.00	0.00
Housing	6.16	1.09%	2.00	48.03%	4.07	4.16	0.09
Intellectual & Developmental Disabilities Service	99.12	17.59%	(0.80)	-0.80%	97.87	99.92	2.05
Program Support	27.35	4.85%	0.68	2.55%	23.90	26.67	2.78
Community Planning & Initiatives	1.50	0.27%	(0.50)	-25.00%	9.08	2.00	(7.08)
Administration / Authority	71.19	12.64%	(1.42)	-1.96%	73.09	72.62	(0.47)
Reserve	0.00	0.00%	0.00	100.00%	0.00	0.00	0.00
Total	563.45	100.00%	(18.50)	-3.18%	585.93	581.95	(3.98)





**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FISCAL YEAR 2013 PROPOSED BUDGET
ITEMS NOT INCLUDED IN PROPOSED BUDGET**

1

There is not a budget adjustment for additional alignment to the state classification compensation system.

2

There are currently no revenues or expenses related to the 1115 Transformation Waiver included in the proposed budget.

3

The City portion of the City/County SAMSO contract is not included in this budget. These funds remain on the City's exceptional list of programs that may be funded at a later date. The City's portion reduced in the 2013 budget was (\$648,989).

4

The following items were removed from the 2013 proposed budget in order to balance the budget. Staff will review potential funding for these items, and if additional funding cannot be identified, staff may request board to designate reserves from avail

Website Redesign	\$ 75,000
Consultant Contract for Strategic Plan Development	\$ 40,000
Contract Programmer to Develop Management Reporting (for example FFS)	\$ 30,000
Microsoft Enterprise Agreement Annual Disbursement	\$ 122,553
Total	\$ 267,553

5

DSHS released allocation schedules allocating additional mental health funds to Community Centers for fiscal years 2012 and 2013. The contract amendments for 2012 were received July 19th and are currently under review. These funds include federal TANF dollars that require confirmation of a minor residing in the home of an adult that receives services. This data had not been collected and we are attempting to gather this information from September 1, 2011 in order to spend the 2012 funds. In addition, the services delivered will need to be costed using the CAM 2011 data to insure all funds were spent. These funds will need to be added to the 2013 budget submitted to DSHS in the Report III format.

Adult Mental Health	\$ 249,860
Child Mental Health	\$ 31,317
Crisis	\$ 62,888
Total Anticipated DSHS MH Contract Increases for each fiscal year	\$ 344,065

6

DADS has reduced the 2013 General Revenue allocation (\$188,406). There was an allocation reduction to all Centers (7.1% / \$5.1 million statewide) due to an overall increase in the state match provided in Case Management. Contract Consumer target was reduced accordingly from 239 quarterly to 222.

In addition, we are contracting with DADS for a pilot project for individuals leaving State Supported Living Center. ATCIC will serve as the lead Authority and will be responsible for reimbursing other Local Authorities that participate in the project.

DADS General Revenue	\$ (188,406)
DADS Pilot Project	\$ 188,318
Total DADS Contract Reduction	\$ (88)



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FISCAL YEAR 2013 PROPOSED BUDGET
MAJOR BUDGET ISSUES**

- 1 The proposed 2013 budget includes a net reduction of 18.5015 FTE. There is currently one filled position, all other eliminated positions are vacant.

- 2 The 2013 proposed budget includes staff request for the Board of Trustees to approve designating reserves from fund balance to fund expenses that are not allowable under state and federal grants and contracts. Cost that are unallowable are budgeted in a unit under the Program Support Division. There was a decrease in the discretionary funds used to fund these costs, interest income and Tejas MSO fees. The following are identified available revenues and budgeted expenses:

Revenue Budget:	
Interest Income	\$ 49,500
Fund Balance	\$ 101,482
Total Revenue Budget	\$ 150,982
Expense Budget:	
Dues/Membership -estimated increase in Tx Council Dues from \$43,573 to \$50,000 & Other \$10,000	\$ 60,000
Functions & Meetings - Addition of Lunch on Training Day \$17,875 & remaining Budget of \$23,278 functions meetings, based on sep-apr annualized cost.	\$ 43,153
Community Awareness	\$ 12,375
Employee Recreation/Retreats (\$9,500 picnic; Other \$4,000)	\$ 13,500
Travel Above State Limit	\$ 16,000
Coffee / Water Service	\$ 5,954
Total Expense Budget	\$ 150,982

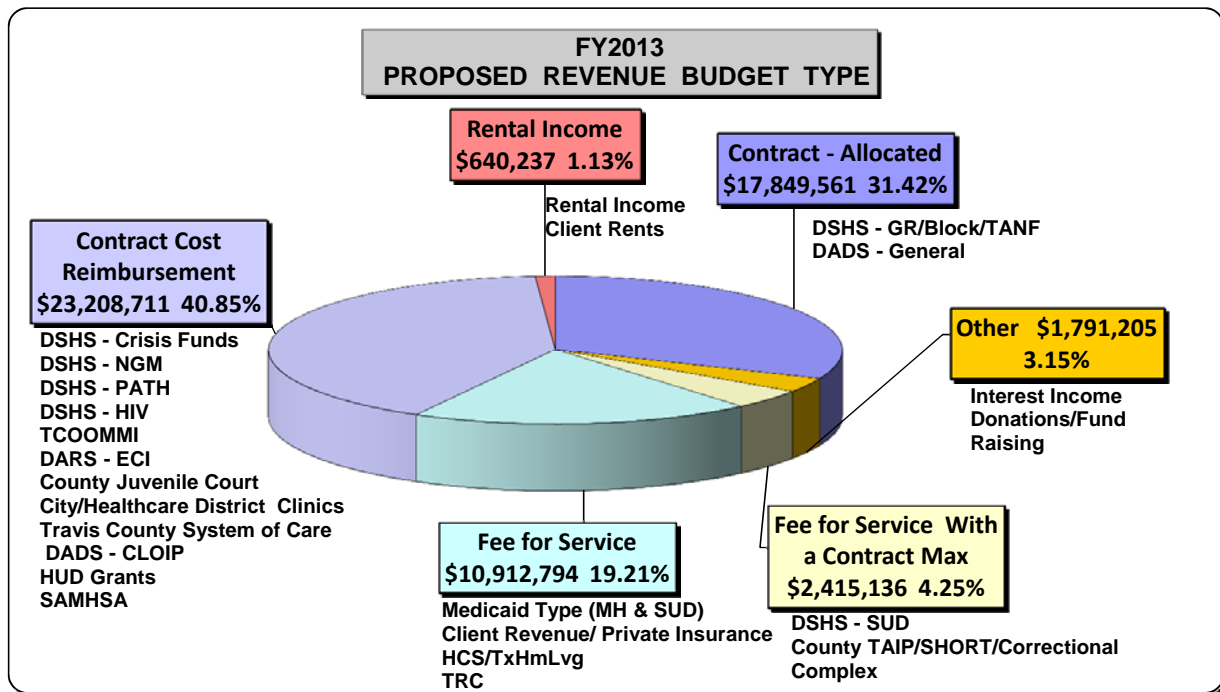
- 3 The Substance Abuse residential treatment programs remain a concern, mainly the programs located at the Hearon Building on 15th Street. In order to comply with new regulations of co-locating programs with forensic clients and other substance use disorder programs, this budget includes switching site locations for two programs. The OCR program currently located at 15th St. will move to N. Lamar and the Respite Expansion program currently at N. Lamar will move to 15th St. The other programs at 15th St. are the DSHS and Travis County TAIP intensive residential and the City and Travis County Project Recovery Program.

During 2012 we requested and received approval from DSHS to transfer funds projected not to be used in other DSHS Substance Use Programs to the DSHS residential program. The funds transferred from other programs were mainly earning at their capacity along with the HMO contracts. The realignment of funds were maintained in the 2013 budget, we will need to request approval from DSHS for this continued transfer. Staff are continuing to work with Travis County and OSAR to insure referrals maintain full bed capacity.

- 4 A new budget template was used to prepare the MH fee for service budget. We believe this new methodology will assist programs in managing staff direct care hours. On initial review, it appears that some programs have more direct care hours than currently being delivered and some programs maintained on average the same direct care hours. There are several management reports under development that will assist in managing the fee for service budget.



AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2013 PROPOSED REVENUE BUDGET BY TYPE OF FUNDING



Contract - Allocated include DSHS and DADS state General Revenue, MH Block and City / County Interlocal funds. The General Revenue and MH Block funds are to provide local authority functions and ensure the provision of mental health and developmental disability services to consumers who meet the criteria of the priority population. The City / County Interlocal provides required local match to several contracts and support the local authority functions.

Cost Reimbursement Contracts include a specified line item budget for stipulated services. Funds are reimbursed after the Center has incurred the expense.

Fee for Service revenue is earned after a defined unit of service is rendered at a specified rate of pay to consumers who qualify for the benefit plan. The revenue earned is not limited.

Fee for Service - Contract Max revenue is earned after a defined unit of service is rendered at a specified rate of pay to a prescribed population. The revenue earned cannot exceed the total amount of the contract.

Rental Income Includes client rents for co-ops, DD HCS residential, and multifamily apartment projects.

Other includes all other type funding, including MAC, interest income.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FISCAL YEAR 2013 PROPOSED BUDGET BY CATEGORY TYPE
CENTER TOTAL**

REVENUES	FY 2013 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2012 CURRENT	PERCENT BUDGET CHANGE	FY 2012 ORIGINAL BUDGET	FY 2012 CURRENT BUDGET	FY 2012 YTD BUDGET CHANGE
Major Revenue Type Categories:							
Allocated (Alloc)	\$ 17,849,561	31.42%	\$ -	0.00%	\$18,204,945	\$ 17,849,561	\$ (355,384)
Cost Reimbursement (CR)	\$ 23,208,711	40.85%	\$(2,141,171)	-8.45%	\$25,073,268	\$ 25,349,882	\$ 276,614
Fee For Service (FFS)	\$ 10,912,794	19.21%	\$ 1,263,989	13.10%	\$ 9,345,702	\$ 9,648,805	\$ 303,103
FFS/Contract Max (FFS/CM)	\$ 2,415,136	4.25%	\$ (26,143)	-1.07%	\$ 2,441,279	\$ 2,441,279	\$ -
Rental	\$ 640,237	1.13%	\$ 31,317	5.14%	\$ 608,920	\$ 608,920	\$ -
Other	\$ 1,791,205	3.15%	\$ (218,765)	-10.88%	\$ 2,007,418	\$ 2,009,970	\$ 2,552
TOTAL REVENUES	\$ 56,817,644	100.00%	\$(1,090,773)	-1.88%	\$57,681,532	\$ 57,908,417	\$ 226,885

EXPENDITURES							
Salaries & Fringe Benefits	\$ 32,262,403	56.78%	\$ (107,546)	-0.33%	\$32,127,211	\$ 32,369,949	\$ 242,738
Travel / Workshop	\$ 626,106	1.10%	\$ (126,870)	-16.85%	\$ 778,366	\$ 752,976	\$ (25,390)
Prescription Drugs and Medication	\$ 1,774,097	3.12%	\$ 169,679	10.58%	\$ 1,589,418	\$ 1,604,418	\$ 15,000
Capital Outlay	\$ 242,615	0.43%	\$ (2,256)	-0.92%	\$ 243,818	\$ 244,871	\$ 1,053
Contracted Services	\$ 16,399,986	28.86%	\$ (442,578)	-2.63%	\$16,136,691	\$ 16,842,564	\$ 705,873
Other	\$ 4,524,238	7.96%	\$ (335,226)	-6.90%	\$ 4,829,018	\$ 4,859,464	\$ 30,446
Client Support Costs	\$ 496,659	0.87%	\$ (233)	-0.05%	\$ 494,059	\$ 496,892	\$ 2,833
Reserve	\$ 491,540	0.87%	\$ (245,743)	-33.33%	\$ 1,482,951	\$ 737,283	\$ (745,668)
TOTAL EXPENDITURES	\$ 56,817,644	100.00%	\$(1,090,773)	-1.88%	\$57,681,532	\$ 57,908,417	\$ 226,885

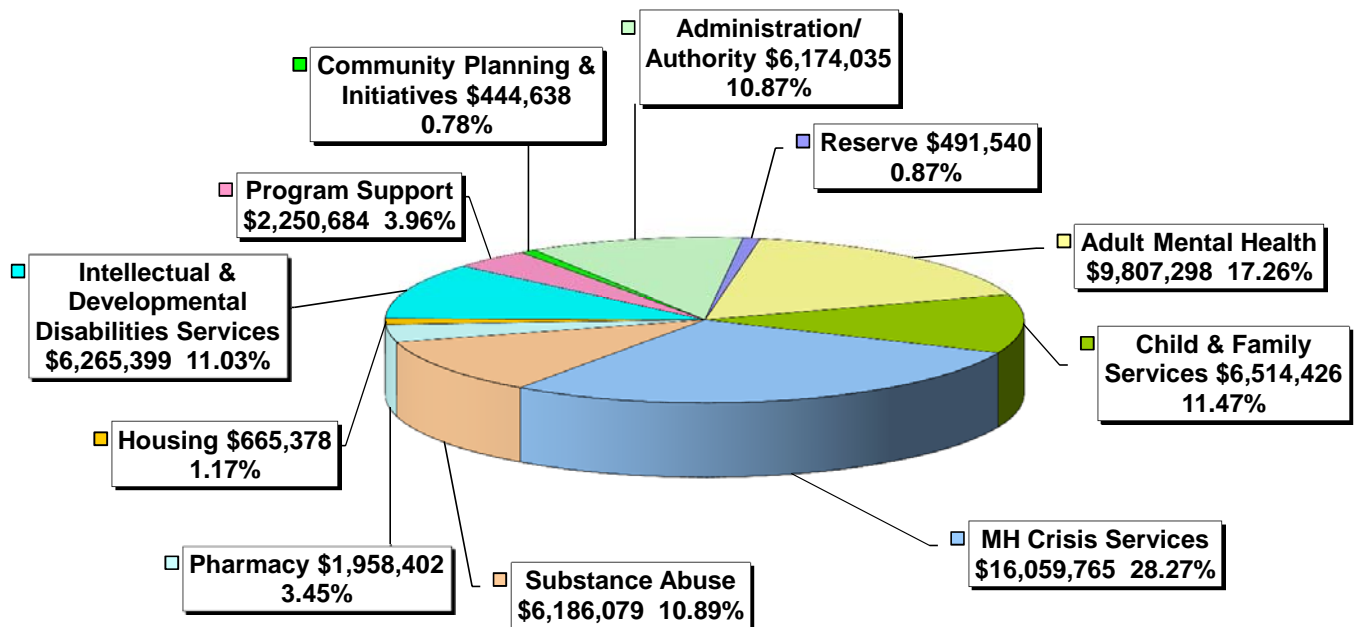
TOTAL FTE'S	563.45	(18.50)	-3.18%	585.93	581.95	(3.98)
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AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2013 PROPOSED DIVISION BUDGET SUMMARY

Division	FY2013 Proposed Budget		Change 2012 Current Budget		FY2012 Budget		
	Total	%	Incr/(Decr)	Incr-/Decr	Original	Current	Change
Adult Mental Health	\$9,807,298	17.26%	\$334,213	3.53%	\$9,903,735	\$9,473,085	(\$430,650)
Child & Family Services	\$6,514,426	11.47%	(\$500,652)	-7.14%	\$6,861,873	\$7,015,078	\$153,205
MH Crisis Services	\$16,059,765	28.27%	(\$100,203)	-0.62%	\$16,152,311	\$16,159,968	\$7,657
Substance Abuse	\$6,186,079	10.89%	(\$669,307)	-9.76%	\$6,195,598	\$6,855,386	\$659,788
Pharmacy	\$1,958,402	3.45%	\$122,250	6.66%	\$1,817,389	\$1,836,152	\$18,763
Housing	\$665,378	1.17%	\$102,316	18.17%	\$563,062	\$563,062	\$0
Intellectual & Developmental Disabilities Services	\$6,265,399	11.03%	\$437,548	7.51%	\$5,798,065	\$5,827,851	\$29,786
Program Support	\$2,250,684	3.96%	\$223,741	11.04%	\$1,947,698	\$2,026,943	\$79,245
Community Planning & Initiatives	\$444,638	0.78%	(\$496,619)	-52.76%	\$930,940	\$941,257	\$10,317
Administration/ Authority	\$6,174,035	10.87%	\$221,298	3.72%	\$6,027,910	\$5,952,737	(\$75,173)
Reserve	\$491,540	0.87%	(\$765,358)	-60.89%	\$1,482,951	\$1,256,898	(\$226,053)
Total	\$56,817,644	100.00%	(\$1,090,773)	-1.88%	\$57,681,532	\$57,908,417	\$226,885

FY2013 Proposed Division Budgets





**AUSTIN TRAVIS COUNTY INTEGRAL CARE
FISCAL YEAR 2013 PROPOSED BUDGET
DIVISION BY REVENUE TYPE**

Alloc	CR	FFS	FFS/CM	Rental	Other	Total
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Revenue Type by Division:

Adult Mental Health	\$ 4,427,639	\$ 2,779,364	\$ 2,343,484	\$ -	\$ 8,297	\$ 248,514	\$ 9,807,298
Child & Family Services	\$ 2,322,925	\$ 2,137,392	\$ 1,781,757	\$ 74,052	\$ 1,700	\$ 196,600	\$ 6,514,426
MH Crisis Services	\$ 2,980,513	\$ 12,417,323	\$ 378,316	\$ 11,500	\$ 4,800	\$ 267,313	\$ 16,059,765
Substance Abuse	\$ 180,208	\$ 3,481,484	\$ 213,830	\$ 2,180,426	\$ -	\$ 130,131	\$ 6,186,079
Pharmacy	\$ 97,859	\$ 856,269	\$ 943,954	\$ -	\$ -	\$ 60,320	\$ 1,958,402
Housing	\$ -	\$ 56,544	\$ 119,406	\$ -	\$ 485,039	\$ 4,389	\$ 665,378
Intellectual & Developmental Disabilities	\$ 2,186,059	\$ 290,113	\$ 3,602,585	\$ -	\$ 75,600	\$ 111,042	\$ 6,265,399
Program Support	\$ 1,746,498	\$ 65,000	\$ -	\$ 23,214	\$ 24,561	\$ 391,411	\$ 2,250,684
Community Planning Initiatives	\$ 313,846	\$ 20,000	\$ -	\$ -	\$ 40,240	\$ 70,552	\$ 444,638
Administration/Authority	\$ 3,102,474	\$ 1,105,222	\$ 1,529,462	\$ 125,944	\$ -	\$ 310,933	\$ 6,174,035
Reserve	\$ 491,540	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 491,540
Total Revenue	\$17,849,561	\$23,208,711	\$10,912,794	\$2,415,136	\$ 640,237	\$1,791,205	\$56,817,644

Revenue Type % by Division:

Adult Mental Health	45%	28%	24%	0%	0%	3%	100%
Child & Family Services	36%	33%	27%	1%	0%	3%	100%
MH Crisis Services	19%	77%	2%	0%	0%	2%	100%
Substance Abuse	3%	56%	3%	35%	0%	2%	100%
Pharmacy	5%	44%	48%	0%	0%	3%	100%
Housing	0%	8%	18%	0%	73%	1%	100%
Intellectual & Developmental Disabilities	35%	5%	57%	0%	1%	2%	100%
Program Support	78%	3%	0%	1%	1%	17%	100%
Community Planning Initiatives	71%	4%	0%	0%	9%	16%	100%
Administration/Authority	50%	18%	25%	2%	0%	5%	100%
Reserve	100%	0%	0%	0%	0%	0%	100%
Total Revenue	31%	41%	19%	4%	1%	3%	100%

Revenue Type % by Division to Total:

Adult Mental Health	25%	12%	21%	0%	1%	14%	17%
Child & Family Services	13%	9%	16%	3%	0%	11%	11%
MH Crisis Services	17%	54%	3%	0%	1%	15%	28%
Substance Abuse	1%	15%	2%	90%	0%	7%	11%
Pharmacy	1%	4%	9%	0%	0%	3%	3%
Housing	0%	0%	1%	0%	76%	0%	1%
Intellectual & Developmental Disabilities	12%	1%	33%	0%	12%	6%	11%
Program Support	10%	0%	0%	1%	4%	22%	4%
Community Planning Initiatives	2%	0%	0%	0%	6%	4%	1%
Administration/Authority	17%	5%	14%	5%	0%	17%	11%
Reserve	3%	0%	0%	0%	0%	0%	1%
Total Revenue	100%	100%	100%	100%	100%	100%	100%

**FY 2013 BUDGET PLAN**
CENTER FACILITIES

Center operations are conducted at 44 sites in a diverse real estate portfolio spread throughout the Austin, Travis County area. All facilities are conveniently located with easy access to major traffic arteries. Housing facilities and Developmental Disabilities group homes are located with easy access to bus routes, grocery stores, and neighborhood parks.

<u>Owned Properties</u>	<u>Number of Sites</u>	<u>Square Footage</u>	<u>Replacement Cost</u>
Commercial*	12	120,306	\$14,214,278
DD group homes	4	8,094	\$ 712,739
Residential	<u>8</u>	<u>33,204</u>	<u>\$ 2,821,598</u>
Subtotal	24	161,604	\$17,748,615

Replacement cost was determined by Texas Council Risk Management Fund (TCRMF) upon individual inspection of each property. Replacement cost does not indicate market value.

* Two of these facilities are combination office/residential.

Leased Properties

Commercial	8	51,118
Residential	2	8,684
Storage Units	2	<u>550</u>
Subtotal	12	60,352

NMF Properties	8	<u>55,948</u>	<u>\$ 7,977,600</u>
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*NMF VI is two properties

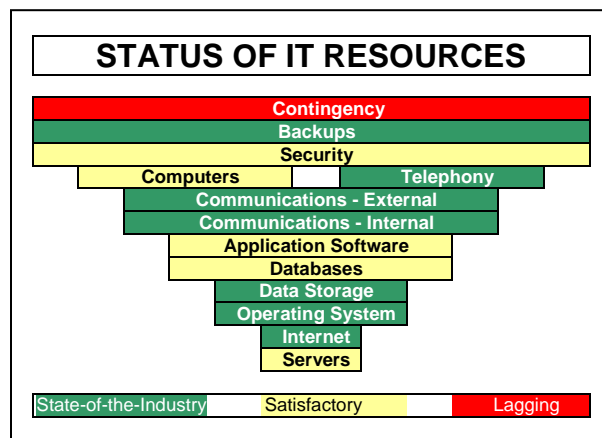
Grand Total	<u>44</u>	<u>277,904</u>	<u>\$25,726,215</u>
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MIS RESOURCES

SUMMARY AS OF JULY 2012

MIS RESOURCE STATUS. The status of ATCIC Information Technology (IT) resources is shown below.



This diagram represents the elements of our information network. Critical elements start at the bottom and provide the building blocks for all other elements above. Blocks nearer the bottom must at least be satisfactory and should be state-of-the-industry whenever possible. For example: If our servers are inadequate, all elements above will not perform adequately regardless of the investment in those elements. Conversely if one or a small group of computers is below minimum, no elements below the computers are affected.

MAJOR CHANGES - FY2012:

RESOURCE RATING UPGRADED:

- **Telephony.** Late last fiscal year the majority of our remaining ATCIC facilities using the old NEC telephone system were converted to the Cisco VoIP system. This conversion included all of the telephones for staff located at the North Lamar Professional Building, the Infant Parent facility, and the CMH facility on Riverside. The remaining NEC phones were converted later with the installation of the Opteman circuit at Oak Springs. The last of the NEC telephone system hardware has been powered down and disconnected.

As a part of on-going plans to offer Call Center services to other organizations and to provide high availability for our own staff, our Cisco Call Center software (CCX) and hardware was upgraded in FY2012. With this upgrade, CCX is able to support more call agents than before, has a secondary CCX server for hardware fail-over, and moves all conversation recording to a server rather than

depending on individual desktop computers. The upgrade included redistributing the telephone circuits that previously all terminated at 1430 Collier to locations at East 2nd and Nadine Jay for more redundancy in case of single site failure. During the upgrade, some of the Call Center scripts were updated in response to requests from operating staff. INX (now Presidio) provided the technical support, all scripting, and assistance as with the last two Cisco VoIP upgrades.

RESOURCES DOWNGRADED: None.

OTHER SIGNIFICANT CHANGES:

- **New Computers and Other Hardware.** As a part of FY2012 planning for the future, ATCIC purchased a large amount of information technology equipment at the end of FY2011 - 671 total items not including some major network upgrades. This included:
 - 75 desktop computers
 - 136 notebook/tablet computers
 - 213 signature pads
 - 84 printers
 - 14 scanners
 - 149 miscellaneous items including projectors, car chargers, carrying cases, monitors, power supplies, and telephones.

The new computers were all installed with the Windows 7 desktop operating system and Microsoft Office 2010. MIS is converting older, compatible computers to Windows 7 and Office 2010 as a part of the Microsoft Enterprise Agreement mentioned below.

- **Signature Pads.** Of special interest in the hardware purchases were signature pads. A large project planned for FY2012 included the implementation of client digital signature technology as supported by our electronic health record, AZ Central from Anasazi Software. These signature pads purchased at EOY and many more were distributed and installed for mostly our clinical front line staff in FY2012. The Citrix/Terminal Server farm was upgraded to support signatures captured remotely.
- **Microsoft Enterprise Agreement with Software Assurance.** Following much research and work in combination with Microsoft, ATCIC entered into an Enterprise Agreement with Software Assurance late



in FY2012. The EA/SA agreement was expanded to include not only desktop computers but all Microsoft products that run on our servers including the operating systems and our SQL databases.

Non-software add-ons include these extra values:

- The State of Texas DIR Enterprise Agreement includes some limited support and training.
- ATCIC staff members may purchase a full, current license of MSOffice Professional for the cost of the media and handling or download the software at a reduced rate. The license is valid as long as the individual is employed ATCIC. Licensing restrictions are between staff member and Microsoft (ATCIC does not have to control or monitor license compliance).

Much of FY2013 will be spent in implementing the new features of the contract. High on the list are self-install procedures for staff to move to Office 2010 at their own pace, implementation of new virus protection and encryption software, and desktop support using System Center Configuration Manager (SCCM).

- Security Risk Analysis. In FY2012 Digital Defense, Inc., was selected to provide information technology-based security assessment services for our EHR technology. Meaningful Use Core Measure 15 requires that ATCIC conduct or review a security risk analysis that is in compliance with published standards for such an assessment. Digital Defense provided an initial assessment that was reviewed by MIS and major problems have already been corrected. The Digital Defense agreement provides continuing reviews over a 2-year term and assistance with mediation when required.
- Wi-Fi Deployment. With the use of Center-owner wireless notebooks and personal use of portable non-ATCIC devices becoming more prevalent, MIS extended our wireless network to more of our major locations. Access points at 1430 Collier were upgraded to wireless “N” technology, currently the most advanced general technology level for wireless access. Wireless access points were installed at the North Service Center, East 2nd Med Support, North Lamar Crisis Services, the North Lamar Professional Building, Nadine Jay, and at the Infant Parent Program. A second 25-port wireless controller and wiring as required were installed to support the installations.

- CommUnityCare Network. During FY2012 MIS worked closely with staff at our North Service Center location and CommUnityCare to improve integration for staff that are using our network systems and CommUnityCare network systems. Hardware, software, and telephone systems were changed as necessary as operating processes were refined. A separate network was added so that CommUnityCare staff would have direct access to their software systems.

PLANNED FOR THE FUTURE:

- Digital Signage (Video over LAN). Digital signage is a form of electronic “bulletin board” that can display digital media such as Internet web sites and videos, menus, presentations, information, television programs, and other messages electronically. The bulletin boards are normally large, high quality computer monitors that are most commonly controlled by software running on local or hosted computers and can deliver targeted information – targeted by intended audience and day-of-the-week and time of day – over a local area network (LAN). When our LAN was recently redesigned, it was designed not only for VoIP for the phone system but also for future video requirements.

Using grant funding, ATCIC purchased monitors for several of our larger facilities. ATCIC also entered into an agreement with Industry Weapon to host the software necessary to control the content displayed at each monitor. All equipment has been received and is being installed; a sample electronic display has been created to demonstrate the features over our network. Full implementation is planned to initially support our smoking cessation and other health promotion and awareness programs. Future uses could include staff meetings, training, and other internal ATCIC communications.

- MIP Fund Accounting Upgrade. In 2010, the vendor for our internal accounting system, MIP, announced a significant upgrade to their software. That upgrade has been released and received by ATCIC. The software requires the latest version of the Microsoft SQL database and includes many user enhancements. In conjunction with the database upgrade, the server hardware and operating system for MIP will be upgraded with current hardware and software. This upgrade will be managed by Greg Grace, Accounting Services Director.
- AZ Central and Meaningful Use. In September, Anasazi Software released the first version of their certified “Complete EHR” software. We installed



this software in October and are working through required implementation processes including both software setup and internal operating changes. That process is being managed by a Meaningful Use Work Group lead by Charles Harrison and Dr. Jim VanNorman. Coupled with earlier software changes, this release of the AZ Central certified software includes enhancements for the Meaningful Use Core Measures and Menu Set Measures that we intend to implement in FY2013. The software now is fully certified for all of the Stage 1 requirements.

- Implementation of New Features – Microsoft Enterprise Agreement. The Enterprise Agreement with Software Assurance for desktop computers includes many desktop software features listed below. As mentioned above, some of these software features will be installed rapidly. Others will require more planning. Some of the ATCIC computers will need memory upgrades; some will be replaced. Some features can be installed transparently to our staff; some will require training. Implementation plans will be shared with the Business Practices Committee, Executive Management Team, and others as desired.

- Office Professional (Access, Excel, Word, PowerPoint); current version and all versions into the future as long as annual Software Assurance fees are paid.
- Windows Operating System (XP, Vista, Windows 7 and all future versions).
- Bitlocker Disk Encryption.
- MSPublisher, InfoPath, Electronic Forms, Communicator, Advanced Policies, and other Microsoft toolsets.
- Client Access Licenses (CALs) for Windows servers, Exchange mail servers, Sharepoint, and System Center Configuration Manager (to remotely manage the desktop computers).
- ForeFront Virus/SPAM control.
- Windows Rights Management; Encryption; Policy Security.
- SCOM (System Center Operation Manager).
- OCS (Office Communications Server CAL).
- Instant Messenger.

- I35 Enterprise Consolidation. During FY2012, ATCIC entered into an Interlocal Agreement with the Center for Health Care Services in San Antonio and Bluebonnet Trails Community Services in Round Rock. The vision/mission for the I35 Enterprise is to create a collaboration that improves the efficacy and service potential for all partners. The first objective established for the Enterprise is to develop a business plan for enterprise-wide

Information Technology functions and to implement those plans.

The Information Technology (IT) directors at those three organizations had been discussing such a plan for some time. With the Interlocal Agreement the plan became more formal and is directed toward shared operational issues extending beyond IT. IT has already coordinated several projects including purchasing and sharing of software (AllScripts for Home Health and Cactus Credentialing). IT Directors are meeting weekly via teleconference and face-to-face every four to six weeks as plans for the future are discussed.

At this time the I35 Enterprise has a small staff with a manager and single support staff. Future plans may call for more I35 Enterprise staff as consolidation of functions between the three partners proceeds and individual organizations use more of the services of the Enterprise.



Community Forum #70 Integral Care FY 2013 Budget and Planning

Integral Care hosted a quarterly community forum on the future of its planning and budget efforts. More than 60 participants came to provide input on local, community-based behavioral health and developmental disability services. A panel of local experts provided information on the impact of upcoming changes including the 1115 Medicaid Waiver and the Affordable Care Act.

David Evans, Integral Care chief executive officer and Dr. Matt Snapp, Integral Care board chair provided a brief welcome before the panel presentations began.

Affordable Care Act in Texas

Anne Dunkelberg, Center for Public Policy and Priorities associate director

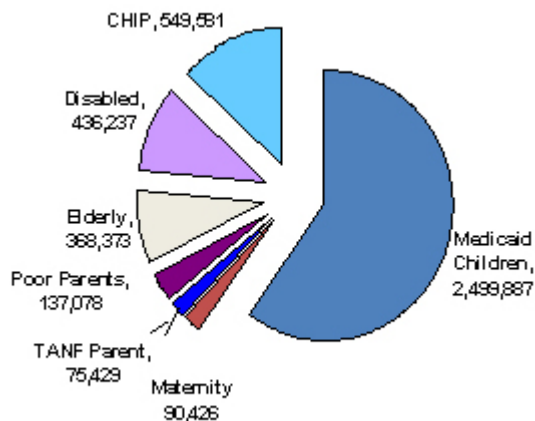
Highlights (PPT)

-80% of 6.2 million uninsured have incomes above 400% of federal poverty level

-89% of 6.2 million uninsured in Texas have incomes

-Early gains include:

- The Pre-existing Condition Insurance Plan
- Young adults can stay on their parent's policy until their 26th birthday
- Texas' largest employers got over \$425 million to cut early retiree health costs.
- Insurers cannot deny coverage to a child based on the child's pre-existing condition.
- The Consumer Health Assistance Program has helped thousands
- Small Employer tax credits up to 35% cost of coverage





1115 Medicaid Waiver and Community Centers

Melissa Rowan, Texas Council of Community Centers healthcare policy director

Highlights

- Waivers are intended to test new or existing ways to deliver and pay for Medicaid and CHIP health care services

-Quality-based payment reform new opportunity for mental health

-Texas Health and Human Services Commission wants more transparency with funds, health homes, incentivizing innovation to utilize community resources.

-The Delivery System Reform Incentive Payment Pool (DSRIP) is intended to reduce inappropriate use of ERs, inpatient admissions, potentially preventable readmissions through:

- Infrastructure Development
- Program Innovation and Redesign
- Quality Improvements
- Population Focused Improvements

-Unique role of community centers:

- Public Entity status and mental health authority role
- State and local government funding
- Can submit DSRIP funds as community partner to meet regional goals

1115 Medicaid Waiver and Local Efforts Underway

John Stephens, Central Health chief financial officer

Highlights

- Includes legislatively mandated pharmacy carve-in and dental managed care.
- Preserves upper payment limit hospital funding under a new methodology.
- Regional Health Plan is being developed by local anchoring agency, Central Health.
- Can potentially **return** \$175M more/year for a total of \$310M/year in DSRIP efforts
- Requires a local match or IGT (intergovernmental transfer) to draw down federal funds.



Local Network Development

Louise Lynch, Integral Care director of network development

Highlights

House Bill 2439 (2007): Calls for a system of service in which consumers have choice from multiple providers; Requires all Local Mental Health Authorities to assemble a network of service providers by providing management and oversight, ensuring mental health services are provided in their local area, serving as a provider of last resort, and considering public input, cost-benefit and consumer issues

- 2010-2012 Plan Contract Results: Crisis Residential, Crisis Respite, RFAs for Licensed prof's (17), non-traditional (54)

Preliminary results of survey given in 2012: total of 60 respondents

- Most respondents = local providers
- 57% unaware of State law requirements for network provider expansion
- Importance of religious diversity/cultural competency very important to consumers
- Majority ranked availability of additional providers as “**Very Important**”
- Timely Access ranked as most important factor to consider when choosing provider; mental health services most important service to be provided.
- 65% of respondents said they need services not currently offered at Integral Care

Next steps for local plan:

- Draft plan on website for comment (14 days)
- Consider, respond and make appropriate revisions based on feedback
- Plan feedback requirements:
 - Description of stakeholder participation
 - Summary of public comments received
 - Response to public comments

Q&A

Moderated by David Evans

Question: How does the criminal justice system become involved in access to services?

Answer (David Evans): Integral Care has processes in place where we respond to individuals leaving jails within seven days if we're notified of a mental health diagnosis. Additionally, we are able to now provide services in the jail. Supplementary planning work is being done with the Bureau of Justice grant to do mental health/jail diversion planning as well.



Audience comment: A huge area at the County is with probationers who live with co-occurring disorders- need to improve access for services.

Audience Question: Requests for Spanish counselors – does Integral Care have responsibility to provide diversity language for population?

Answer (Louise Lynch): Yes, absolutely. It is part of Integral Care's strategic planning efforts (as a strategic imperative) to look at cultural competency, and we are actively working as an organization to utilize best practices in order to effectively serve several population groups. Within our agency, we have a stipend for bilingual employees, among other efforts, which are critical to meeting our goal. We are responsible to have competency in languages across the spectrum – and we are using tools available and looking at targeting recruitment efforts to better meet the demographics of our community.

Audience Question: What would it look like to have wellness as a community center?

Answer (David Evans) – This is an area that we are rapidly expanding at Integral Care. As a community center, it means are involved in disaster preparedness efforts, where we work collaboratively with other critical community agencies to offer our strength in times of need. Part of an overall community response plan. Additionally, we are leading the efforts for social networking for crisis services, including an online Crisis Chat service. We implemented tobacco cessation policies within the organization in collaboration with the City of Austin and continue to introduce these important new ideas as part of overall wellness for our staff and consumers. The City of Austin health plan will be looking at this area and prioritizing these efforts as part of an assessment.

Audience Question: Where does prevention fit in with everything?

Answer (David Evans) – There are several pilot programs that offer insight in to this arena. There is a new frontier for prevention and wellness initiatives under the Affordable Care Act. At Integral Care, we have expanded our prevention and wellness initiatives to incorporate more holistic approaches to health.

Audience Question: Thinking about children and trauma, what kinds of interventions would be there early on for school-based mental health?

Answer (David Evans): Understanding that good public information on the nature of illnesses to help families access services early is key. We are very fortunate that our board chair, Dr. Matt Snapp, is a trained school psychologist, who has information that can assist us in these efforts.

Audience Question: Are there some initiatives/challenges in funding services for Intellectual and Developmental Disabilities (IDD)?

Answer (David Evans/Maya Vega, director of IDD): Much of the work we have done has involved working with an array of private providers in our intellectual and developmental



disabilities division – more than 80% of services are delivered in partnership with great community organizations. In the IDD division, we had had less than ten individuals a year going to state schools or state institutions, a major accomplishment for our community. Person-centered planning and service coordination is our focus, making it habilitative, not rehabilitative. Medicaid funds almost 85% of IDD services in Texas, and we continue to make strides in meeting the needs of our consumers and families.

Audience Comment: The stigma of mental illness supersedes everything in our community. I think each of us has a badge of honor to wear for being here and learning more. It's great to be here to expand awareness.

Audience Question: I'm a private citizen with a child in the YES Medicaid waiver program – I'm trying to tie it all together. How does one transition after services?

Answer David Evans: What we have learned in special education is not to wait until their last year of services to begin planning. Start early in planning for adult services. The wait lists can be long, but if you begin the process early, it can make the transition process that much easier.

Feedback Form: ATCIC survey showed 65% and 62% of problems in system. This mirrors employee unhappiness. How can both dissatisfactions be addressed?

Answer: We are currently working to address these issues through our employee satisfaction workgroup, and continue to make advancements to meet the needs of both consumers and staff.

Feedback Form: What can I do as a private citizen with special needs in mental health issues? Son on the YES waiver, what do we do for Medicaid when he is no longer eligible?

Answer: There are several ways to get involved. Connect with advocacy groups, such as [NAMI Austin](#) – they have several resources for family members to address these critical issues. You can learn more by clicking here.

Feedback Form: Re: ATCIC local network development

-Crisis services must be expanded – long waits at PES not appropriate for clients experiencing psychotic episodes.

-Community outreach must be expanded (MCOT, ACCESS), with in-field medication mgmt.

Feedback Form: 65% of clients think Integral Care do not (sic) have/provide services which they would like. What is Integral Care doing on that?

Answer: Integral Care is engaged in several planning efforts to expand access and integrated services.



Feedback Form: Can you add services/increase capacity to house homeless persons with mental illness? Why did two contracts not have applicants?

Answer: We are actively involved in several housing initiatives, including work with [ECHO](#) and the [City of Austin](#), to address this very important, community issue.

Feedback Form: How does one become part of a regional healthcare plan? We are doing alternative healing, yoga, massage, and acupuncture for the benefit of low-income and mental health.

Answer: These details have not been worked out yet. However, you can visit the Central Health website for more information as the planning processes are developed. [Find the waiver here](#).



Budget Forum Feedback Analysis

During the month of May, Austin Travis County Integral Care held four employee budget forums and one budget forum which included Planning Network and Advisory Committee (PNAC) to communicate proposed federal, state and local budget cuts affecting Integral Care and gather cost-savings ideas. A summary of the feedback gathered at these forums is outlined below in three areas: cost savings, revenue enhancements and employee benefits. A consolidated listing of comments can be found at the bottom of the page. A large set of the recommendations received are currently being address in the 1115 Transformation Waiver planning process and through Joint Commission Accreditation requirements. These recommendations will be reviewed closely by ATCIC's Board of Trustees and Executive Management Team during the development and deliberations of the FY2013 Budget process as we work to achieve our mission.

ATCIC employees are encouraged to continue sending their comments and questions through the Employee Suggestion Box at: <http://www.integralcare.org/?nd=esbox>

COST SAVINGS

Service Delivery

- Localize teams vs. staff traveling to remote areas of County
- Drop in Rehab groups since Agency bus/van not picking up consumers
- Expand regional and national partnerships
- Confirm appointments a day ahead
- Limit doc appointments to 30 or 20 minutes
- Overflow staff person to pick up appointment
- Community Based Supports for Juveniles with IDD
- Create more jail diversion programs
- Develop permanent supportive housing to meet community needs

Administration

- Ensure we have an ongoing well trained & competent staff
- Use data more effectively to guide process & decisions
- Explore more paperless and green options

REVENUE ENHANCEMENTS

Administrative Process

- Mandatory supervisor training & refresher courses (i.e. payroll impacts)
- Embrace CEO innovation and creativity
- Enhance data-based approach to planning
- Focus on succession planning across organization
- Make authorizations easier

Communications and Outreach

- Develop more Public Service Announcements
- Participate in more health fairs
- Expand Cultural Diversity initiatives
- Expand outreach to faith-based communities

Fundraising/Grant Opportunities

- lessen dependency on public funds
- Consider Pyramid of Charitable giving as cultivation tools
- Get some high quality videos to assist in raising funds
- Penetrate high net-worth giving



Services

- Expand services beyond DSHS priority populations (schizophrenia, major depression, bipolar disorder); increase access and client service capacity
- Coordinate and expand treatment services for veterans; eg new PTSD therapies
- Consider General Specialist in all areas of services
- Consider private, fee-based models
- Develop best practice model for dually diagnosed children (IDD/MH)
- Expand peer support services and activities
- Make phone tree Bi-lingual
- Explore Local Tenet vs. Telemedicine
- Leverage 1115 Transformation Waiver opportunity
- Explore IT infrastructure possibilities (eg billing software upgrades)
- Develop a nurse line and email access

No-show rates

- Enforce a nominal no-show fee for consumers
- Get more bus passes as community teams see impact
- Consider van- assisted in billing

Facilities

- Expand integrated and In-Home Health models and funding
- Expand services to surrounding school districts
- Decentralize services, develop satellite locations to help with client compliance
- Limitation on space could improve revenue opportunities, eg client flow improvements

WORKFORCE

Performance and Training

- Make NEO more comprehensive and offer ongoing information on organizational changes in services and structure
- Use technology for meetings to save time (eg Webinars, Adobe connect)

Recruitment

- Participate in more Career Fairs
- Hire more doctors
- Hire nurses who can prescribe medications to lower doctor costs

Benefits

- Offer student loan forgiveness program
- Paid time-off model
- Review gas and travel mileage reimbursement rates
- Allow nurses to participate in community-based team making positions and flexible hours
- Provide health promotion incentives
- Have an incentive for staff meeting productivity goals
- Consider adding partner benefits



**LINKAGES BETWEEN THE CITY OF AUSTIN,
TRAVIS COUNTY, CENTRAL HEALTH
and
AUSTIN TRAVIS COUNTY INTEGRAL CARE**

Collaborations with the City of Austin and Travis County and other entities remain dynamic and productive to address the health and well-being of citizens to transition out of poverty. Integral Care establishes and maintains collaborations with other entities as appropriate to, among other things, minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies including, but not limited to providing MSO functions for Central Health inpatient bed days. The information below provides an overview of direct key linkages between the City of Austin and Integral Care:

1. **Mental Health Safety Net** - ATCIC provides around-the-clock emergency psychiatric intervention to people in crisis and serves as the link for these services to the City of Austin Office of Emergency Management.
2. **Maintenance of Infrastructure** - ATCIC worked collaboratively with the City of Austin in a formal collaboration through the *Main Interlocal Agreement* since 1996, currently requiring maintenance of infrastructure, including extensive community wide planning, resource development, management and allocation; prevention, education and awareness efforts; and broad based efforts to engage consumers and families in meaningful roles at ATCIC.
3. **Suicide Data-Sharing Project** - ATCIC works with the City of Austin to share local data on deaths by suicide through an agreement that enables epidemiological surveillance and targeted prevention and post-vention activities in a timely manner.
4. **Substance Abuse Management Organization (SAMSO)** - Since 1999, ATCIC has participated successfully in a resource management *Interlocal* with the City to provide network management services for local substance abuse treatment providers. Network management services include development of a provider network, credentialing and contracting, utilization and quality management, claims payment and provider relations. This Interlocal continues as a joint agreement between the ATCIC, the City of Austin and Travis County. ATCIC meets quarterly with providers to discuss positives and areas for quality improvement within the network regarding both the MSO and the provider network.
5. **Administrative Interlocal Agreement** - ATCIC provides network management services for at-risk youth and their families as the “Broker” for the Youth and Family Assessment Center through an administrative service *Interlocal* with the with the City of Austin and Travis County.



6. **Integrated Healthcare** - ATCIC oversees the provision of mental health services for individuals presenting with primary care issues masking as depression and other behavioral health problems in the health clinics by training psychiatrists and consulting clients to increase the diagnostic and clinical management skills of primary care medical employees.
7. **Housing** - ATCIC continues a highly productive collaboration with the Housing Authority of the City of Austin in numerous housing subsidy grants, including renewal of on-going Shelter Plus Care grants.
8. **Indicator Improvement Initiative** - Originating as the Mayor's Mental Health Task Force, ATCIC provides extensive administrative support to this community planning effort.
9. **Community, Media and Governmental Relations** - ATCIC's Director of Communications collaborates with the City of Austin, Travis County and Central Health on outreach, events, media and governmental relations.
10. **Quality Management** - ATCIC works closely with employees at the City of Austin to ensure effectiveness and satisfaction with outputs and outcomes in several *Interlocal Cooperation Agreements*. Areas of emphasis during the past six months, continue to be integration of mental health services and primary care in community health clinics; systems care coordination, including the evaluation function, strengthening crisis services, work with community providers and partners on addressing gaps and needs identified and other mutually agreed upon areas of work.
11. **HIV Planning Council** - ATCIC employees of the Behavioral Health Division serve on the HIV Planning Council and make recommendations regarding HIV funding and priority issues.
12. **Pandemic Flu Planning** - ATCIC collaborates with the City's Human Services Coordinating Committee in developing and maintaining a Pandemic Flu Plan, a local and regional pandemic flu Plan for Central Texas. ATCIC has further developed the mental health component of the City's Medical Special Needs Shelter Plan, the General Population Shelter Plan, and the Strategic National Stockpile Plan. ATCIC also continues to collaborate on the City's planning for vulnerable populations in the wake of disaster.

June 2012



ATCIC Current Planning Efforts and Community Collaborations

Austin Travis County Integral Care (Integral Care) continues its authority functions as outlined in the *Interlocal Cooperation Agreement* with the City of Austin and as a member of the Community Action Network (C.A.N.).

Integral Care staff continues its C.A.N. monthly participation with the Chief Executive Officer serving on the Board of Directors and key staff participating in the Issue Area Group Leaders' Meetings, the Community Dashboard Steering Committee, and the Mappers and Planners Implementation Team. Staff has maintained leadership roles on the Behavioral Health Planning Partnership (BHPP), the Child and Youth Mental Health Planning Partnership (CYMHPP), and the Intellectual and Developmental Disabilities Coalition (IDDC). Staff also participate in and provide support to the Indicator Improvement Initiative (III).

Integral Care is implementing two major planning projects that will significantly impact organizational planning in the coming years:

1. The FY 2011-2013 Strategic Plan;
2. The FY 2011-2012 Consolidated Local Service Area Plan which contains its Local Network Development Plan, the Crisis Services Plan, the Jail Diversion Action Plan, and the Local Plan; and development of Updates for FY 2013-2014

Integral Care staff is involved in ongoing community planning identifying gaps and needs in Behavioral Health and Intellectual and Developmental Disabilities, and linking them to outcomes and indicators. Integral Care has worked to ensure that its efforts enhanced and improved the work done by other organizations and committees. The organization and staff continue a long history of maintaining working relationships and engaging in meaningful dialogue with advocates, consumers, stakeholders, community partners, and policy makers.

Integral Care has long-term working relationships with more than 40 local organizations and committees. Below is a listing of additional community planning activities and collaborations that address the health and well-being of Austin.

The Judge David L. Bazelon Center (Bazelon Center) for Mental Health Law

The Bazelon Center for Mental Health Law was founded in 1972 by a group of committed lawyers and professionals in mental health and mental retardation. For three decades, the Judge David L. Bazelon Center for Mental Health Law has been the nation's leading legal advocate for people with mental disabilities. The Bazelon Center for Mental Health Law uses a coordinated approach of litigation, policy analysis; coalition-building, public information and technical support for local advocates various areas of advocacy throughout the nation.



Central Health (formerly Travis County Healthcare District)

Central Health was created in May 2004 as a separate political subdivision of the State of Texas, not a part of Travis County Government. Central Health works to develop and maintain a network of health care services by identifying, prioritizing and meeting the needs of eligible residents in the community and by contracting with a variety of providers.

Children's Partnership

The Children's Partnership, part of a national and statewide movement to enhance the children's mental health care system, unites and coordinates local resources to maintain a system of care in Travis County that works hand-in-hand with families, focusing on the unique strengths of each child and embracing the unique values and culture of each family. The system of care allows local organizations to work in teams- with families as critical partners- to provide a full range of services to children and adolescents with serious emotional disturbances. This team strives to meet the unique needs of each young person and his or her family in or near their home.

Community Action Network (CAN)

CAN is comprised of 17 community partners, 14 issue area groups and several members-at-large and serves as a neutral convener, information provider and connector that helps the Travis County community optimize its resources to close the opportunity gap. This includes the Behavioral Health Planning Partnership, Child and Youth Mental Health Planning Partnership and the Intellectual and Developmental Disabilities Coalition.

CommUnityCare

CommUnityCare is a not-for-profit corporation providing primary care health services to the medically underserved, through its Federally Qualified Health Centers. CommUnityCare operates 18 health center locations in Travis County offering comprehensive primary care services for the entire family, including: family medicine, internal medicine, pediatrics, women's health services, behavioral health services and dental care. Integrated behavioral health services are a collaborative effort between Integral Care and CommUnityCare to provide primary medical care to consumers at Integral Care facilities and behavioral health care services to patients at CommUnityCare clinics. The goal of these services is to assist consumers in achieving both improved physical health and behavioral health care functioning by concurrently addressing their expressed needs.

Early Childhood Intervention Collaboration

Ongoing collaboration and planning for the child-find activities among the Early Childhood Intervention (ECI) programs of Integral Care, Any Baby Can and Easter Seals of Central Texas continues.



Ending Community Homelessness (ECHO)

Integral Care collaborates with this coalition, which acts to accomplish the Annual U.S. Department of Housing and Urban Development (HUD) Super Notice of Funding Availability (NOFA) and coordinates local homeless services.

HIV and AIDS Planning

Integral Care employees continue participation in the HIV Planning Council and in the Return to Care Collaborative which works to link individuals who have fallen out of services (primarily to the Community AIDS Resources and Education, CARE, program and primary care provider).

The Hogg Foundation for Mental Health

The Hogg Foundation is part of the Division of Diversity and Community Engagement at The University of Texas at Austin, promoting improved mental health for the people of Texas through the support of effective mental health services, research, policies and education. The Hogg Foundation works in partnership with communities, service providers, advocates, policy-makers, researchers and educators through grantmaking for mental health service, research, public education and policy projects in Texas.

Integrated Care Collaboration (ICC)

ICC was organized in 1997 by the health care safety net providers in Travis County to address access, financing issues and obstacles to care for low-income and uninsured residents of Central Texas. The ICC develops joint projects among members to increase access, improve quality and lower the costs of providing care to the region's unfunded population.

Intellectual and Developmental Disability Collaborations

Integral Care is a member and active participant of Texas Health and Human Services Commission's Consumer-Directed Supports Workgroup. Partnership continues with Austin Area Aging Agency to provide specialized training to care givers of aging population of the Intellectual & Developmental Disabilities Services Network. Integral Care also collaborates with AISD and The Arc of the Capital Area to provide training and support to families through the Family Support Cooperatives in Austin.

Psychiatric Services Stakeholder Committee (ad hoc group convened by Central Health in 2006)

This Committee was brought together to develop short and long-term strategies for crisis mental health in Austin and Travis County. The Committee built on the existing work of the community, (including recommendations of the Mayor's Mental Health Task Force and the Jail Diversion Committee) to develop a plan to strengthen local mental health crisis services. These meetings resulted in the community beginning to use available resources in a coordinated plan for priority services.



St. David's HealthCare

St. David's HealthCare is one of the leading hospitals in Central Texas, with seven branches of operation around Travis County. Its financial support through its Foundation allows for initiatives to take place throughout Travis County.

Texas Council of Community Centers, Inc.

The Texas Council of Community Centers, Inc. is an organization through which Community Centers can work together as a public system serving Texans with behavioral health and intellectual and developmental disabilities.

Jail Diversion Community Collaboration

Preventing individuals with behavioral health (including substance use) and/or intellectual or developmental disorders (IDD) from entering the criminal justice system requires a collaborative effort and continuum of strategies between behavioral health and the criminal justice system. Jail diversion is a highly complex and interwoven process that requires different approaches to address the specific issues that arise at that point of interface. Integral Care has submitted Jail Diversion and Crisis Services Plans to Texas Department of State Health Services (DSHS) which identify these measures, and which are included as attachments to the Integral Care Consolidated Local Service Plan.

1. Austin Travis County Mental Health Jail Diversion Committee- A committee of over 25 separate agencies representing behavioral health and criminal justice systems. The purpose of the Committee is to address the jail diversion gaps within the Austin/Travis County community and make recommendations to City of Austin and Travis County elected officials on jail diversion funding priorities.
2. Reentry Roundtable- A committee working to implement collaborative community-wide strategies for the effective reintegration of formerly incarcerated persons, thereby reducing recidivism, supporting victims and promoting public safety in Austin and Travis County.
3. The Community Competency Restoration Program (CCRP), in its third year of operation, continues as a community-based program that diverts individuals found incompetent to stand trial from the jail. Funding is through a DSHS grant and the program served 40 individuals during the calendar year. CCRP is designed to help individuals reach competency within a 90-day period.
4. There is continued collaboration with Travis County Juvenile Court to screen family members (for substance and alcohol abuse) of juveniles going through the Juvenile Court system.

These varied collaborative efforts help ensure that the diverse needs of consumers are considered in the planning efforts of other organizations; such efforts frequently lead to the development of new resources.

June 2012